

# EDITORIALS

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## *On Extending Patient Care with Physician Extenders*

TWO ARTICLES appearing elsewhere in this issue address the subject of physician's assistants, or physician extenders. Both are informative and deal with the all-important relationships between practicing physicians and this relatively new kind of health professional. One article focusses more on the regulation of their activities under the law, and the other more on how they may be used productively in an office practice. Both are worthy of reflection and study and together they serve admirably to introduce the subject of using these new professionals to help improve the distribution of patient care, or health care for that matter.

It is correctly assumed (although the assumption is being challenged by various sorts of would-be independent "practitioners") that patient care is what the practice of medicine is principally about, and that a physician is the professional under whose supervision patient care is rendered. If he does not render a service personally himself, the physician may cause others to do so under his direction. Based upon this correct assumption it now is being further assumed that where patient care services are inadequate or perhaps unavailable, the problem results from a maldistribution of physicians and will be solved if physicians can be induced to settle and practice in these underserved areas. At present we are seeing enormous and expensive efforts being made to lure, cajole or even press physicians into such service. These efforts do not seem to have been very fruitful so far and the government, as is its wont, is now seeking ways to compel physicians to work at least for a designated period of time in places determined by the government to be medically underserved.

It is suggested that this second assumption—that the existence of underserved areas is due to physician maldistribution—may not be entirely correct and that simply achieving a better distribution of physicians may not be the whole answer. Underserved areas appear to be of two principal kinds. One is usually remote and sparsely popu-

lated. The other may be either an urban or rural ghetto, usually with a greater population density and people of substantially different cultural backgrounds. Physicians, however, increasingly tend to practice in clusters, for what appear to be good and sufficient scientific and professional reasons. They also tend to emerge from their long training and educational discipline with something of a culture of their own, no matter what may have been their original ethnic or economic background. Therefore it turns out that it requires a rather large geographic area to support a viable cluster of practicing physicians if the setting is remote and sparsely populated, and a bridging of substantial cultural differences if one is speaking of what have been called urban or rural ghettos. For reasons such as these, neither the barriers of distance on the one hand nor those of differing cultures on the other are likely to be overcome by either subsidizing or forcing physicians to try practice in these areas. And this appears to be substantiated by experience to date.

An obvious solution would appear to be the development and greater use of physician extenders to enable viable clusters of physicians to bridge the distance and cultural barriers and so extend their reach to the more remote and sparsely populated areas and to the rural and urban ghettos—all admittedly underserved at present. Modern transportation and modern communications now make this possible. Another alternative, the development of so-called independent practitioners of various kinds, will no doubt be tried, but this can never be truly satisfactory for many reasons. However, physician extenders, whether physician's assistants (usually men) or nurse practitioners (usually women), can and should play an important role—perhaps the most important role—in providing more care of good quality in underserved areas. This increased provision of care is achieved by extending the reach and responsibility for patient care of physicians and groups of physicians, and thereby enabling them to serve these areas. The use of physician extenders to extend patient care would seem to be a reasonable and practical approach to a problem that seems unlikely to be solved in any other way in the foreseeable future.

—MSMW